

# TEXAS DEPARTMENT OF HEALTH APPLICATION FOR RADIOACTIVE MATERIAL LICENSE

**Instructions** -- Complete this application in accordance with the guide provided by the Texas Department of Health. Use supplemental sheets where necessary. Mail two copies to: Texas Department of Health, Bureau of Radiation Control, 1100 West 49th Street, Austin, Texas 78756-3199. Upon approval of this application, the applicant will receive a Texas Radioactive Material License, issued in accordance with the provisions of the Texas Regulations for Control of Radiation (TRCR) and the **Texas Radiation Control Act**

<b>1. Name and mailing address of applicant</b>          	<b>2. Location(s) at which radioactive material will be stored and/or used:</b> (Street Address) A. Permanent          B. Temporary sites throughout Texas? Yes ____ No ____
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NOTE: Texas Franchise Tax Status Form (TRC Form 12-2) must also be completed.

<b>3. This application is for:</b> <input type="checkbox"/> New License <input type="checkbox"/> Amendment to present license # _____ <input type="checkbox"/> Renewal of present license # _____  If new license, have you held a previous license with Texas? ____ If yes, list license number(s)/name(s).	<b>4. Location where records will be kept:</b>          
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<b>5. Individual users and their titles:</b>          	<b>6. Radiation Safety Officer:</b>  Name: _____  Office Telephone No.: _____  Emergency Telephone No.: _____
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<b>7. Radioactive Material Data</b>			
<div style="text-align: center;">(a)</div> Element and mass number	<div style="text-align: center;">(b)</div> Chemical or physical form (Make and model number if sealed source)	<div style="text-align: center;">(c)</div> Maximum activity requested*	<div style="text-align: center;">(d)</div> Use of each form (if sealed source, also give make and model number of device in which sealed source will be used.)

\*Expressed as curies, millicuries or microcuries

8. **Facilities** --- Describe laboratory facilities, remote handling equipment, storage containers, fume hoods, shielding, etc. Submit a sketch of the facility. Also indicate adjacent buildings, storage areas, residences, etc.
  
9. **Radiation Safety Program** --- Outline methods and procedures for controlling, handling, servicing, using, and storing radioactive material in accordance with the appropriate regulatory guide or specific instruction by the Agency. Name the supplier of personnel monitoring devices (TLD, film badges, etc.), and outline personnel monitoring procedures.
  
10. **Radiation Detection Instrumentation** --- List the make and model of survey, measuring, and monitoring instruments. Include the sensitivity range, accessories, type of detector, and other appropriate information. Also, state how often survey instruments will be calibrated and by whom. If the applicant proposes to perform his or her own survey instrument calibrations, a detailed description of the procedures for calibration must be submitted (See Regulatory Guide 5.2).
  
11. **Leak Testing** --- If sealed sources are to be possessed, name the manufacturer of the leak test kit the applicant plans to use. If the applicant proposes to perform his or her own leak tests, a detailed description of the procedures and analyses to be performed must be submitted (See Regulatory Guide 5.1).
  
12. **Training and Experience** --- Submit a resume detailing the training and experience with radioactive materials for each person listed under Items 5 and 6. Also, submit copies of documentation of the required training and experience as requested in the appropriate Regulatory Guide or as instructed by the Agency.
  
13. **Waste Disposal** --- Describe the method for disposal of radioactive material under Item 7. If a commercial waste disposal firm is to be used, specify the name of the company. If no radioactive waste is to be routinely generated, state the method of disposal when radioactive material will no longer be needed.

14.

**Certification**

I hereby certify that the information contained herein and attached hereto is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant or Certifying Official

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title/Position